

FILED JAN 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 41845
Registrar's No. 428

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>6010</u>		Registrar's No. <u>428</u>	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Sugar Township</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Sugar Creek Township</u> d. STREET ADDRESS (If rural, give location) <u>0880</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) _____ c. (Last) <u>Schumann</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 27</u> <u>1950</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb 5</u> <u>1904</u>		9. AGE (In years last birthday) <u>46</u> <u>10</u> <u>22</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
11. BIRTHPLACE (State or foreign country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>Peter Schumann</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Reitter</u>	
14. NAME OF HUSBAND OR WIFE <u>Edna</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sub Arterial Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>DK</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>obesity & mild Hypertension</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 hours</u> <u>331X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>May 10</u> , 19 <u>50</u> , to <u>Dec 26</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Dec 26</u> , 19 <u>50</u> , and that death occurred at <u>3:00 am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>P. J. Dwyer M.D.</u> (Degree or title) _____		23b. ADDRESS <u>Huntsville Mo.</u>		23c. DATE SIGNED <u>12/28/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 29-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Mary's</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly Mo.</u>	
DATE REC'D BY LOCAL REG <u>Dec 29-50</u>		REGISTRAR'S SIGNATURE <u>Paul Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mahan and Son Moberly Mo</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: JAN 3 1951
DISTRICT HEALTH OFFICE #2
District File Number 1-S1-K7
Date Filed: JAN 10 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Frank D. Dr. Wuth

Licensed Embalmer No 3021

P. O. Address Proberly Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.